## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P93000039586** VISCO HOLDINGS, INC. 04-26-2001 90073 009 \*\*\*150.00 Principal Place of Business Mailing Address 235 MARTINDALE RD 235 MARTINDALE RD UNIT 23 UNIT 23 ST CATHARINES ON L2B-6P9 ST CATHARINES ON L2R- 6P9 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 98-0134904 Not Applicable LZW 1A5 \$8.75 Additional 5. Certificate of Status Desired CANÁDA L2W 1A5 CANADA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALMETTO CHARTER SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 150 MAGNOLIA AVE. DAYTONA BEACH FL 32115 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPST** TITLE ☐ Delete THE Change: Addition. VISSER, ALLAN NAME STREET ADDRESS 204 MARTINDALE RD. STREET ADDRESS 235 Martindale Rd., Unit 23 CITY-ST-ZIP CITY-ST-ZIP ST. CATHARINES, ONTARIO St. Catharines, Ontario L2W 1 A 5 TITLE ☐ Celate TIME □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAM6 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP TITLE Delete T/T/F Chance Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C:TY-ST-ZIP TITLE ☐ Delete BTOR ☐ Chande ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

(905)641-3153

Allan Visser SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

---Por:

of the corporation or the receiver or trusted empowered to execute the compowered changed, or on an attachment with an address, with all other like empowered. Visco Holdings Inc.

SIGNATURE:

April 17, 2001